

PRO SE GUIDE

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF _____
_____ DIVISION

*(Write the District and Division, if any, of
the court in which the complaint is filed.)*

US DISTRICT COURT
WESTERN DISTRICT OF ARKANSAS
FILED
MAR 13 2017
DOUGLAS F. YOUNG, Clerk
By
Deputy Clerk

Michael Wesley

*(Write the full name of each plaintiff who is filing
this complaint. If the names of all the plaintiffs
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names.)*

-against-

Department of Veterans
Affairs "Clinic A"
(Augusta, GA, Charlie Norwood)

*(Write the full name of each defendant who is
being sued. If the names of all the defendants
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names.)*

Complaint for a Civil Case

Case No. 17-4013
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

PRO SE GUIDE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Michael Wesley
Street Address	PO Box 982
City and County	Texarkana (Miller, Bowie)
State and Zip Code	TX. 75504
Telephone Number	(504) 419-5726
E-mail Address	micahwesley47@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Department of Veterans Affairs
Job or Title (if known)	"Charlie Norwood Med. Ctr."
Street Address	1 Freedom Way
City and County	Augusta & Richmond
State and Zip Code	GA. 30904
Telephone Number	(706) 733-0188
E-mail Address (if known)	www.augusta.va.gov

Defendant No. 2

Name	"Clinic A"
Job or Title (if known)	
Street Address	Same as above
City and County	

PRO SE GUIDE

State and Zip Code _____
 Telephone Number _____
 E-mail Address _____
 (if known)

Defendant No. 3

Name _____
 Job or Title _____
 (if known)
 Street Address _____
 City and County _____
 State and Zip Code _____
 Telephone Number _____
 E-mail Address _____
 (if known)

Defendant No. 4

Name _____
 Job or Title _____
 (if known)
 Street Address _____
 City and County _____
 State and Zip Code _____
 Telephone Number _____
 E-mail Address _____
 (if known)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

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What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

malpractice (Tort Claim through the
VA court system)

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) Michael Wesley, is a citizen of
the State of (name) Arkansas.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name)
_____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) _____, is a citizen of
the State of (name) _____. Or is a citizen of
(foreign nation) _____.

PRO SE GUIDE

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

1.7mil dollars medication that was
given did more harm and hinder other
parts of my Organs (extra with heart)

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

2005-2008 medication gave me chest pain & harm to
my kidneys, went to clinic for chest pain several
times, 2009 a swollen liver (heart) then 2013
-2015 Lexis drug my pancreas 3 times hospitalized
(2) twice and after 675 Hbp med. And Lexis with
other medication

Attachment

PRO SE GUIDE

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

disfunctional Valve from my heart at 20%
Working condition (LAXIS is for Heart failure)
Will show dysfunction would like of pancreas,
Corns, and caused sominitation within my
body

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12 MAR 2017

Signature of Plaintiff

Printed Name of Plaintiff

Address of Plaintiff

Telephone Number

Michael L Wesley
P.O. Box 982
Texarkana, TX 75504
(804) 419-5228

IA



U.S. Department of Veterans Affairs
Office of General Counsel

Office of Chief Counsel
Continental District - West
4500 South Lancaster Road
Dallas, Texas 75216

Telephone: 214-857-2414
Fax: 214-302-1407

In Reply Refer To: 12113

November 2, 2015

Michael Wesley, Sr.
PO Box 179
Augusta, GA 30903

RE: Administrative Tort claim

Dear Mr. Wesley:

Thank you for providing me with the information that was requested. I have made a copy of your documents (73 pages) and am now returning the originals to you. You also submitted 5 CDs of imagings from the Augusta GA VA Medical Center for various dates covering the period between March 13, 2013 through March 5, 2014. These imagings are already part of your medical records at Augusta GA VA Medical Center. Therefore, they are also returned to you for your records.

Please call me at (214) 857-2414 if you have any question or concern. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jenny Mai", with a stylized flourish at the end.

JENNY MAI
Staff Attorney

MICHAEL WESLEY SR.

P.O.Box 179
Augusta, Ga. 30903
(870) 571-7536
migaulwesley47@gmail.com

30th December 2015

Department of Veterans Affairs,
General Counsel (021B)
810 Vermont ave. north west
Washington, DC. 20420

Dear General Counsel

To the Honorable Panel, I'm Very Dissatisfied with the decision of the Administration Board of Tort Claims, so I'm asking the General Counsel to give me a reconsideration of my claim due to new evidence, a better understanding of what my claim is about, and a better review.

1. A Echocardiogram was taken Dec. 8 2015 does not show a CFR (congestive heart failure) in which lasix (furosemide) is often used. Even the symptoms for CFR was not given to my care giver but only for my gout (swollen foot with pain) but it shows a diastolic dysfunction. This Dysfunction can advance into a diastolic heart failure; not any causes for a diagnoses for lasix or furosemide but the earliest Echocardiogram (15 Jul 2013) did not show these symptoms till after the Medical negligence under the care of my nurse not a Doctor. This medicine caused me to rehydrate myself in the hospital once in the Charlie Norwood Va Medical Center (Apr-Sept 2013 one of the month) the second was Mar. 28 2015 but information from either visit was not translated to my Provider, to reduce the dosage or to remove me off this medicine (see letters and other evidence 28 July 2015

and 17 Oct 2015 their are in possession of Chief Counsel: Ms. Tammy R. Kennedy or Ms Jenni Mai).

2. Lisinopril 2006-2011 chest pain (see letters and other pages that was sent to the Administration of Tort Claims).
3. Pyridostigmine Bromide symptoms and my illnesses are part of this even for my several request for an earlier effective date for my injuries and illnesses (this material is located in my records of the Veterans Affairs; also new evidence for a claim in 1997 a letter before Doctors diagnosed the Persian Gulf Syndrome back in 2000 Gulf War Review).

Michael D. Sr.
File 438152120

Date Sign 28 Dec 2015
Sent →

MEDICAL RECORD		CONSULTATION SHEET	
WESLEY, MICHAEL		SERVICE CONNECTED 50% to 100%	
XXX-XX-2170	01/27/1965	SC VETERAN	
PO BOX 179			
AUGUSTA	GEORGIA 30903	Phone: (719)237-9006	
Consult Request: Consult			
Consult No.: 2324574			
To: CARDIOLOGY ECHOCARDIOGRAM OUTPT			
From: AUG C&P 8		Requested: 12/08/2015 9:39 am	
Requesting Facility: AUGUSTA VAMC			
Current Primary Care Provider: MEISTER, LISA N			
Current Primary Care Team: PACT 7- PCT A			
REASON FOR REQUEST: (Complaints and findings)			
PRIORITY GROUP 1			
Requested Procedure: Echocardiogram			
Reason for Echocardiogram:			
C&P Claim Exam for HTN w/ hx of mild concentric LVH on ECHO here 7/15/13.			
For current claim exam. Thanks.			
Date of last Echocardiogram: 7/15/13			
If an echocardiogram has been performed in the past year, what change has occurred to require another echocardiogram? n/a			
Click to view Echo Results, if applicable (Uncheck before clicking the OK button)			
PROVISIONAL DIAG: Hypertensive Heart Disease without Heart Failure (ICD-10-CM I11.9)			
REQUESTED BY:	PLACE:	URGENCY:	
KORWIN, JOSEPH J	Consultant's choice	Routine	
STAFF PHYSICIAN			
(Pager:)	SERVICE RENDERED AS:	EARLIEST DATE:	
(Phone: 3635)	Outpatient	Dec 08, 2015	
AUTHOR & TITLE:			
DATE:			
ID #:	ORGANIZATION:	REG #:	LOC:
	AUGUSTA VAMC		AUG C&P 8

MEDICAL RECORD		CONSULTATION SHEET
WESLEY, MICHAEL		SERVICE CONNECTED 50% to 100%
XXX-XX-2170	01/27/1965	SC VETERAN

CONSULTATION NOTE #26810036

LOCAL TITLE: ECHOCARDIOGRAM CONSULT
 STANDARD TITLE: CARDIOLOGY PROCEDURE CONSULT
 DATE OF NOTE: DEC 08, 2015@12:10 ENTRY DATE: DEC 08, 2015@12:10:09
 AUTHOR: WILLIAMS, SANDRA R EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Study ID: 33884

ECHOCARDIOGRAM REPORT
 VA Medical Center, Augusta, Georgia

Name: WESLEY, MICHAEL Study Date: 12/08/2015 09:49 AM
 MRN: 438152170 Patient Location: opt
 DOB: 01/27/1965 Gender: Male Height: 68 in
 Age: 50 yrs Weight: 252 lb
 Reason For Study: C&P exam

Study Type

Echo Exam of Heart. Doppler Color Flow. PW/CW Doppler.
 MMode/2D Measurements & Calculations

IVSd: 1.1 cm
 LVIDd: 4.8 cm
 LVIDs: 2.6 cm
 LVPWd: 1.1 cm
 Ao root diam: 4.6 cm
 LA dimension: 3.5 cm

Left Ventricle

There is mild concentric left ventricular hypertrophy. The left ventricle is grossly normal size. The left ventricular systolic function is grossly normal. The transmitral spectral Doppler flow pattern is suggestive of impaired LV relaxation. The estimated ejection fraction is >60 %.

Right Ventricle

The right ventricle is normal in size and function.

Atria

The left atrial size is normal. There is no gross dilatation of the right atrium. Nondilated IVC with > 50% inspiratory collapse.

Mitral Valve

The mitral valve is not well visualized. No evidence of mitral valve stenosis. There is no mitral regurgitation noted.

Tricuspid Valve

The tricuspid valve is not well visualized. No tricuspid regurgitation.

Aortic Valve

MEDICAL RECORD

CONSULTATION SHEET

WESLEY, MICHAEL

XXX-XX-2170

01/27/1965

SERVICE CONNECTED 50% to 100%

SC VETERAN
=====

Consultation Results #26810036 continued.

The aortic valve is trileaflet. The aortic valve opens well. Peak aortic velocity is 1.3 m/s. Mild aortic regurgitation.

Great Vessels

The aortic root is dilated, measuring 4.6 cm at the sinuses of Valsalva.

Interpretation Summary

There is no comparison study available. The study was technically limited.

1. The aortic root is dilated, measuring 4.6 cm at the sinuses of Valsalva.
2. Mild aortic regurgitation.
3. Mild concentric left ventricular hypertrophy.
4. Normal left ventricular size and systolic function, EF > 60%.
5. Mild diastolic dysfunction.

Electronically signed by: Jennifer McNear, M.D. on 12/08/2015 11:39 AM

Ordering Physician: Korwin, Joseph

Performed By: WILLIAMS, RENEE

/es/ SANDRA R WILLIAMS

ECHOCARDIOGRAM TECHNICIAN

Signed: 12/08/2015 12:10

MEDICAL RECORD		CONSULTATION SHEET	
WESLEY, MICHAEL		SERVICE CONNECTED 50% to 100%	
XXX-XX-2170	01/27/1965	SC VETERAN	
PO BOX 179			
AUGUSTA	GEORGIA 30903	Phone: (719)237-9006	
Consult Request: Consult			
		Consult No.: 1859218	
To: CARDIOLOGY ECHOCARDIOGRAM			
From: AUG EMERGENCY DEPT (ED/UC)		Requested: 07/15/2013 5:58 am	
Requesting Facility: AUGUSTA VAMC			
=====			
Current Primary Care Provider: MEISTER, LISA N			
Current Primary Care Team: PACT 7- PCT A			
REASON FOR REQUEST: (Complaints and findings)			
PRIORITY GROUP 1			
=====			

Requested Procedure: Echocardiogram

Reason for Echocardiogram: for evaluation of aortic aneurysm

Date of last Echocardiogram: none

If an echocardiogram has been performed in the past year, what change has occurred to require another echocardiogram? none

PROVISIONAL DIAG:

REQUESTED BY:	PLACE:	URGENCY:
ARORA, SAMEER	Bedside	Stat
RESIDENT PHYSICIAN		
(Pager:)	SERVICE RENDERED AS:	EARLIEST DATE:
(Phone: 2131)	Inpatient	Jul 15, 2013

CONSULTATION NOTE #21074201

LOCAL TITLE: ECHOCARDIOGRAM CONSULT
 STANDARD TITLE: CARDIOLOGY PROCEDURE CONSULT
 DATE OF NOTE: JUL 15, 2013@15:00 ENTRY DATE: JUL 15, 2013@15:00:07
 AUTHOR: WILLIAMS, SANDRA R EXP COSIGNER:

AUTHOR & TITLE:

|DATE:

ID #: _____ |ORGANIZATION: AUGUSTA VAMC |REG #: _____ |LOC: AUG EMERGEN

MEDICAL RECORD		CONSULTATION SHEET
WESLEY, MICHAEL		SERVICE CONNECTED 50% to 100%
XXX-XX-2170	01/27/1965	SC VETERAN

=====
 Consultation Results #21074201 continued.

URGENCY:

STATUS: COMPLETED

Name: WESLEY, MICHAEL SSN: 438-15-2170 DOB: JAN 27, 1965
 Study ID: 27770

ECHOCARDIOGRAM REPORT
 VA Medical Center, Augusta, Georgia

Name: WESLEY, MICHAEL Study Date: 07/15/2013 11:51 AM
 MRN: 438152170 Patient Location: 4A
 DOB: 01/27/1965 Gender: Male
 Age: 48 yrs
 Reason For Study: Aortic aneurysm

Study Type
 Echo Exam of Heart. Doppler Color Flow. PW/CW Doppler.
 MMode/2D Measurements & Calculations
 LA dimension: 3.8 cm
 IVSd: 1.2 cm
 LVIDd: 4.8 cm
 LVIDs: 3.1 cm
 LVPWd: 1.2 cm

Left Ventricle

There is mild concentric left ventricular hypertrophy. The left ventricle is normal in size. No regional wall motion abnormalities noted. Left ventricular systolic function is normal. The estimated ejection fraction is at least 60 %.

Right Ventricle

The right ventricle is not well visualized. The right ventricle is normal size. The right ventricular systolic function is normal.

Atria

The left atrium is not well visualized. The left atrial size is normal. Right atrial size is normal. The inferior vena cava is not well seen but appears to be nondilated. Interatrial septum is poorly visualized.

Mitral Valve

The mitral valve is not well visualized. The mitral valve is grossly normal. At least trace mitral regurgitation is present (not well seen).

Tricuspid Valve

The tricuspid valve is not well visualized.

Aortic Valve

The aortic valve is not well visualized. No evidence of aortic valve stenosis. Valve velocity = 1.7 m/sec. Mild aortic regurgitation. Pressure half-time = 802 msec.

Pulmonic Valve

The pulmonic valve is not well visualized.

MEDICAL RECORD

CONSULTATION SHEET

WESLEY, MICHAEL
XXX-XX-2170 01/27/1965

SERVICE CONNECTED 50% to 100%
SC VETERAN
=====

Consultation Results #21074201 continued.

Great Vessels

The aortic root is not well visualized.

Pericardium

There is no pericardial effusion.

Interpretation Summary

The study was technically limited.

- 1) The left atrium is not well visualized. The left atrial size is normal.
- 2) The left ventricle is normal in size with mild concentric left ventricular hypertrophy. No regional wall motion abnormalities noted. Left ventricular systolic function is normal. The estimated ejection fraction is at least 60 %.
- 3) The aortic valve is not well visualized. No evidence of aortic valve stenosis. Mild aortic regurgitation is noted.
- 4) At least trace mitral regurgitation is present (not well seen).
- 5) The aortic root is not well visualized.

Electronically signed by: Susan Noe, M.D., F.A.C.C., F.A.C.P. on 07/15/2013
02:08 PM

Performed By: RENEE WILLIAMS

/es/ SANDRA R WILLIAMS
ECHOCARDIOGRAM TECH
Signed: 07/15/2013 15:00